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Assignee Name and Address

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A copy of this form, together with a statement under 37 CFR 3.73(d) (Form PTO/SB/SE or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(p) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE OF Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature

Date 7/16/10

Name

- Mark B. Pepys

Telephone 442076332801

Title

Professor of Medicine

DIRECTOR, PENTAXIN

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